

# Affordable Care Act (ACA) Provisions Affecting Adolescent and Young Adult Populations

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## Presentation outline

- Impact of ACA Medicaid expansion on preventive care utilization of children and adolescents.
- Insurance inadequacy for children and young adults with special health needs/complex medical conditions.

## Acknowledgements & Disclosure

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## Impact of parental Medicaid coverage

Children who were previously eligible for public insurance, but had not enrolled, were enrolled in Medicaid after their parents gained Medicaid coverage (*“Welcome-mat”* effect).

(Hudson & Moriya, 2017)

Greater effect of Medicaid coverage on preventive care use of children when both the parent and child had Medicaid coverage as compared to parent being uninsured.

(Gifford et al., 2005)

With an increase of 10 percentage points in the state’s parental Medicaid eligibility, there was an increase of 0.27 percentage points in the probability of a child receiving an annual well-child visit.

(Venkataramani et al., 2017)

# Hypothesis, Method and Study Sample

## Aim

To examine the impact of Medicaid Expansion for adults under the ACA on the preventive healthcare utilization of children.

## Hypothesis

After Medicaid expansion, children from low-income families in expansion states will have a higher likelihood of having at least one preventive care visit in a year, as compared to children from low-income families in states which did not expand Medicaid for adults under the ACA.

## Method

Difference-in-differences method using National Survey of Children's Health data from 2016 and 2017.

*Treatment group* Expansion state, Louisiana.

*Control group* Neighboring non-expansion states, Texas and Mississippi.

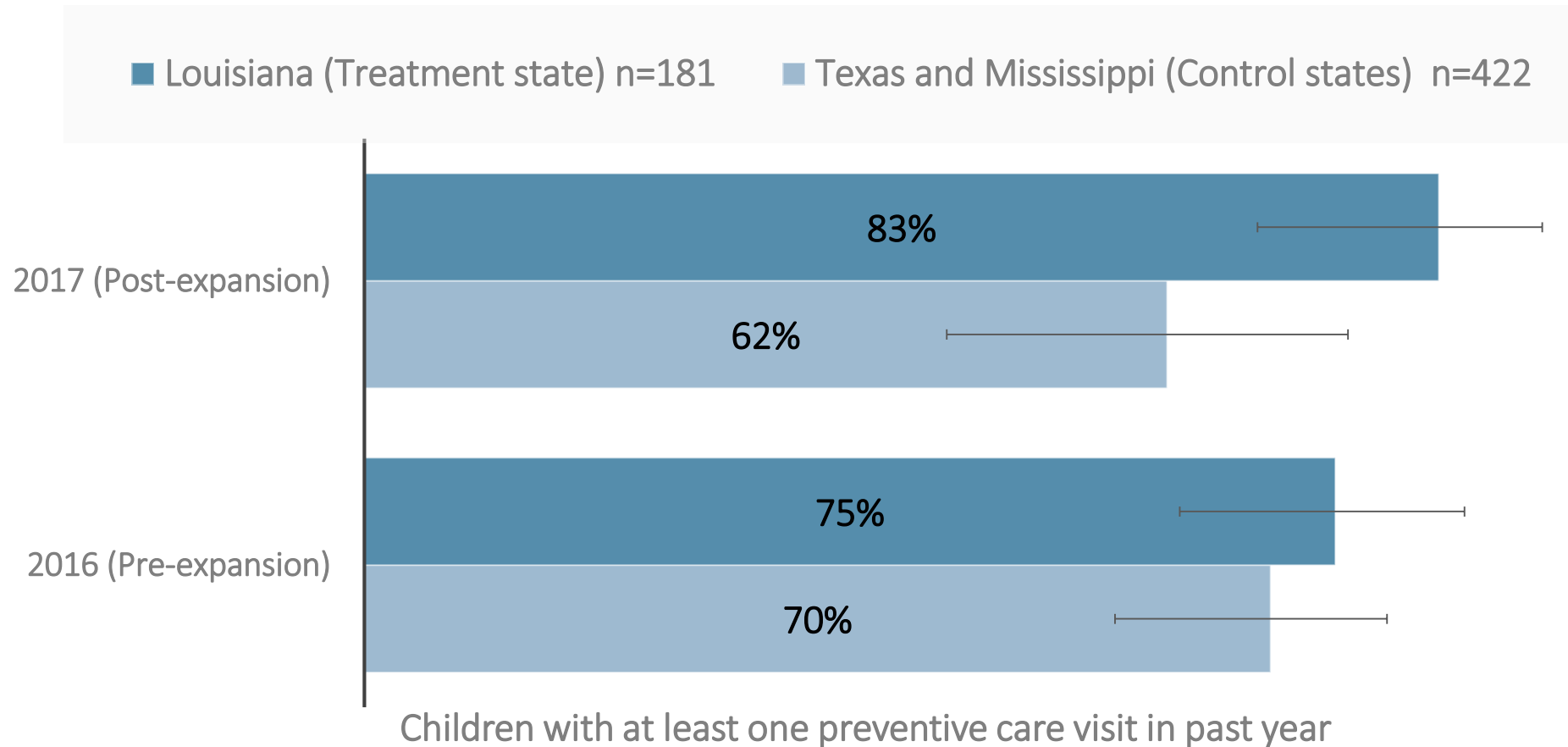
## Study Sample

All children from 0-17 years of age, from families with annual incomes 0-99% of the Federal Poverty Line (FPL) residing in Louisiana, Texas and Mississippi (n=603).

(Roy et al., 2020)

# Results

## Annual preventive care visit (Children ages 0-17 years, 0-99% FPL)



## Results

After adjusting for all control variables, in Louisiana, the change in predicted probability of at least one annual preventive care visit among children of ages 0-17 years, from 0-99% FPL families, **was higher by 26 percentage points** after Medicaid was expanded, as compared to the change in the predicted probability of at least one annual preventive care visit in Texas and Mississippi ( $P=0.012$ ).

No significant differences were observed in the change in predicted probability of having health insurance coverage for all 12 months of the past year, among children in Louisiana, before and after Medicaid expansion, as compared to Texas and Mississippi.

(Roy et al., 2020)

## Spillover effect

In Louisiana, expansion of Medicaid eligibility for low-income adults under the ACA led to an increase in the likelihood of an annual preventive care visit for children from low-income families.

However, this increase could not be attributed to increases in the likelihood of children having health insurance coverage after Medicaid expansion.

## Possible reasons

With Medicaid coverage, parents better able to navigate the healthcare system for themselves and their family members, thus, increase in parental health-seeking behaviors for their children.

(Venkataramani et al., 2017)

Reduction in family financial burden and elimination of catastrophic medical expenditures due to Medicaid expansion.

Reduction in family financial burden may free up resources to access preventive care.

(Levy & Meltzer, 2008; Baicker et al., 2013; Venkataramani et al., 2017)



# Preventive healthcare and transition preparation for adolescents and young adults

Preventive healthcare visits present an opportunity for pediatric and adolescent healthcare providers to prepare adolescents for the transition to adult healthcare. Receipt of transition services is particularly important for youth with complex medical conditions to ensure that needed healthcare services received during childhood continue into adulthood.

Multivariate analyses of data from the National Survey of Children's Health 2016 showed that those adolescents who had an annual preventive visit were twice as likely to receive transition preparation, as compared to those who did not have an annual preventive visit (adjusted odds ratio=1.7, 95% CI =1.4, 2.0;  $p<0.0001$ ).

As compared to adolescents who did not have special health needs, those who have special health needs were more likely to receive transition preparation if they had a preventive healthcare visit.

(Roy et al., unpublished)

# Insurance inadequacy after the ACA

Having health insurance is only a part of the story for children and young adults who have special health needs or complex medical conditions. Families bear significant financial responsibility for out-of-pocket costs associated with health care and related services for their children, even if they are insured.

(Catalyst Center, 2017)

*Inadequate or underinsurance:* Insurance that does not cover all the necessary medical and related health services that a child needs, does not allow access to needed health care providers, and/or that has substantial out-of-pocket costs.

(Bachman & Comeau, 2010)

Families whose earnings are just above the income eligibility thresholds for Medicaid or CHIP may experience significant financial hardship because they earn “too much” to qualify for public benefit programs. However, they do not make enough to pay the out-of-pocket costs incurred in caring for their children with medical complexity/special health needs.

(Parish et al., 2008; Feldman et al., 2015)

## Insurance inadequacy after the ACA

The essential health benefits required of some plans did not address underinsurance for children and young adults with special health needs/complex medical conditions, due to their higher-than-average need for specialized services and the broad flexibility granted to states in determining what is “essential”.

(Fry- Bowers, 2015)

Benefit gaps due to state-to-state and plan-to-plan differences. Medical devices and supplies, including over-the-counter medications or diapers for older children, may also not be covered benefits.

(Catalyst Center, 2017)

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THANK YOU

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